

Department of General Services Procurement Division Delegation Resources Program				NON-COMPETITIVE BID CONTRACT QUARTERLY REPORT		REPORT FOR FISCAL YEAR _____	
Delegation # _____ Department Name _____ Delegation Contact Name: _____ Phone # (____) _____						REPORTING PERIOD - Check appropriate box <input type="checkbox"/> Jan.1 through Mar.31 <input type="checkbox"/> Apr.1 through Jun.30 <input type="checkbox"/> Jul.1 through Sep.30 <input type="checkbox"/> Oct.1 through Dec.31 <input type="checkbox"/> No NCB activity for the reporting period.	
Copies of all CDO's and Sole Source Justifications must be attached for all line items below.							
Item #	Order Date	Agency Order #	Amend #	Supplier Name, City and State	Total Order \$	Description (Summarize if multiple lines per order)	DR Use
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Totals					\$		